

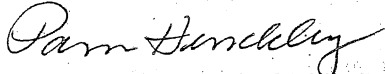


STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.  
**BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS**  
2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833-2945  
Phone (916) 263-7800 Fax (916) 263-7859 Web www.bvnpt.ca.gov



DATE: February 6, 2013

TO: Board Members

FROM: *for*  Suellen Clayworth, M.N., R.N.  
Nursing Education Consultant, Retired Annuitant

SUBJECT: St. Jude Healthcare Education Center, Vocational Nursing Program –  
Reconsideration of Provisional Approval<sup>1</sup> (Director: No Director Glendale, Los  
Angeles County, Private)

St. Jude Healthcare Education Center, Vocational Nursing Program is presented to the Board for Reconsideration of provisional approval. The program was placed on provisional approval on February 24, 2012.

In accordance with Section 2526.1(c) of the Vocational Nursing Rules and Regulations,

“The Board may place any program on provisional accreditation when a program does not meet all requirements as set forth in this chapter and in Section 2526...”

Section 2530(l) of the Vocational Nursing Rules and Regulations states:

“The program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of accredited vocational nursing schools for the same period...”

### History of Prior Board Actions

(See Attachment A, History of Prior Board Action, January 14, 2009 – February 24, 2012)

<sup>1</sup> Prior to January 1, 2012, references in article 4 of the Vocational Nursing Practice Act and article 4 of the Psychiatric Technicians Law provided that the Board accredits all vocational nursing and psychiatric technicians programs. Pursuant to Business and Professions Code Sections 2883 and 4532 (Senate Bill 539, Chapter 338, Statutes of 2011), **accredit** was changed to **approve**. There was no change to the Board's authority or jurisdiction.

## Enrollment

The program is approved to offer a full – time course of instruction consisting of four (4) modules provided over 49 weeks. Prior Board approval is required for the admission of each class. The pattern of admissions for proposed classes is seen in the enrollment table below.

The following table represents **current and projected** student enrollment based on the **current and proposed** class start dates. The table indicates a **maximum enrollment of 17 students** for the period **January 2009 through July 2012**. Currently there are no students enrolled in the program.

ENROLLMENT DATA				
CLASS DATES		#Students Admitted	#Students Current or Completed	Total Enrolled
Start	Completed			
1/09 (FT)		10		10
	2/10 (1/09 Class)		-10	$10 - 10 = 0$
8/10 (PT) Unapproved		24	17	$0 + 17 = 17$
	7/12 (8/10 Class)			$17 - 17 = 0$

## Licensing Examination Statistics

The following statistics, furnished by Pearson VUE and published by the National Council of State Boards of Nursing as "Jurisdictional Summary of All First-Time Candidates Educated in Member Board Jurisdiction" for the period October 2010 to December 2012, specify the pass percentage rates for graduates of the St. Jude Healthcare Education Vocational Nursing Program on the National Council Licensure Examination for Practical/Vocational Nurses (NCLEX-PN®) and the variance from the State Average Annual Pass Rate.

NCLEX-PN® Licensure Examination Data							
Quarterly Statistics					Annual Statistics*		
Quarter	# Candidates	# Passed	% Passed	State Average Quarterly Pass Rate	Program Average Annual Pass Rate	State Average Annual Pass Rate	Variance from State Average Annual Pass Rate
Oct – Dec 2010	3	1	33%	77%	33%	76%	-43
Jan – Mar 2011	1	0	0%	80%	25%	77%	-52
Apr – Jun 2011	No Candidates Tested			71%	25%	76%	-47
Jul – Sep 2011	No Candidates Tested			74%	25%	76%	-51
Oct – Dec 2011	3	0	0%	74%	0%	75%	-75
Jan – Mar 2012	No Candidates Tested			77%	0%	74%	-74
Apr – Jun 2012	No Candidates Tested			72%	0%	74%	-74
Jul – Sep 2012	No Candidates Tested			74%	0%	74%	-74
Oct – Dec 2012	4	2	50%	70%	50%	74%	-24
*The Annual Pass Rate changes every quarter. It is calculated by dividing the number of candidates who passed during the current and previous three quarters by the number of candidates who tested during the same period. If no data is available for the relevant period, the statistic is carried over from the last quarter for which data is available.							

Based on the most recent data available (October to December 2012), the program's average annual pass rate is **50%**. The California average annual pass rate for graduates from accredited vocational nursing programs who took the NCLEX-PN® Licensure Examination for the first time during the same period is 74%. The average annual pass rate for the St. Jude Healthcare Education Center Vocational Nursing Program is **twenty –four (24)** percentage points **below** the state average annual pass rate.

### Faculty and Facilities

Section 2534(d) of the Vocational Nursing Rules and Regulations states:

“For supervision of clinical experience, there shall be a maximum of 15 students for each instructor.”

There are currently no students enrolled in the program. There are five faculty members approved for the program including the program director. The director has 60% administrative duties and 40% classroom duties. Of the total faculty, five instructors are approved to teach clinical.

Section 2534(b) of the Vocational Nursing Rules and Regulations states, in part:

“Schools shall have clinical facilities adequate as to number, type, and variety of patients treated, to provide clinical experience for all students in the areas specified by Section 2533. There must be available for student assignment, an adequate daily census of patients to afford a variety of

clinical experiences consistent with competency-based objectives and theory being taught.”

The program has sufficient clinical facilities approved to afford the number type and variety of patients that will provide clinical experience consistent with competency-based objectives and theory; however, since there have been no students in the program since August 2012, if the program enrolled students again all clinical facilities would need to be reconfirmed to determine if they will still have placement slots for students from the program.

### **Other Considerations**

The program enrolled its initial class of ten (10) students on January 19, 2009. All of those students graduated from the program in February 2010. Of those ten graduates only seven have taken the licensure examination. Only one graduate passed the examination.

On July 22, 2012, the second class of students graduated. Of the 17 students who graduated, only four students have taken the licensure examination. Of those four students, only two passed the examination.

In February 2011 the program director submitted the following plan for improving the program's pass rates.

### **Actions to Address the School's Board Exam Performance:**

- Periodic review of the entire curriculum
- Perform an item analysis to make sure test correlates to objectives. Have faculty attend workshop on item analysis and test construction.
- Periodic counseling of students related to academic performance, and behaviors.
- Perform achievement tests after each term. Failure to achieve acceptable levels will prevent students from progressing to the next term.
- Strengthen policy of students “taking the pre-board exam” after the “in-house” review.
- Initiate a 30 item NCLEX format test to be given at the “end of each concepts”.
- Have new faculty members attend workshops or seminars related to “teaching and nursing profession”.
- Possible adoption of ATI or HESI testing.

As part of the requirements from the February 2012 Board Meeting, the director was required by the Board to submit a follow-up report by November 1, 2012, that included a comprehensive analysis of the program, specific actions taken to improve program pass rates, timeline for implementation, and the effect of employed interventions.” That report was never submitted.

When questioned, the director indicated that she was not being paid by the school and therefore did not complete the report. In an email dated December 19, 2012, the director stated,

"A lot of things happened and [are] going on with the financial status of the school. Negotiations I think is going on for the whole set of investors and administrators. I might not be the director by feb. anymore but will still be a faculty once they smoothly pay the salaries of their faculty on time. That is the biggest issue our whole faculty members are concerned most."

On December 20, 2012, the assigned Nursing Education Consultant sent electronic correspondence to the email address from which documents related to the last class were received. The school was asked to describe the current status and future plans for the program and asked for the status of all Board-approved faculty members.

On January 2, 2013, electronic correspondence was sent to the director asking for specific information about the number of students who graduated in July 2012 and asking how many faculty members are still actively involved with the program, i.e. how many faculty members would be available if the program enrolled a new class of students.

On January 3, 2013, the director replied electronically and confirmed that 17 students graduated in July 2012. The director stated that the faculty that have been approved by the Board are available to teach as soon as the school is ready to admit another class of students.

On January 3, 2013, electronic correspondence was sent to the director informing her that based on noncompliance with Board Directives from the February 2012 Board Meeting, in addition to the extremely low licensure examination pass rates, the recommendation for the February 2013 Board Meeting would be for revocation of the school's approval to offer a vocational nursing program.

On January 3, 2013, Essiel F. Fadri, administrator of the school called to speak with the assigned nursing education consultant. He stated that it was the program director's fault that the required follow-up report had not been submitted and asked that the nursing education consultant not recommend revocation of the school's approval to offer a vocational nursing program. He indicated that he is going to replace the current director immediately.

On January 8, 2013, the director submitted the report that was due on November 1, 2012. (See Attachment B) The report did not discuss the effects of the planned improvement activities that were described in the program's plan of action submitted in February 2011.

On January 8, 2013, the director sent electronic notification to the Board indicating that she had resigned as the program director and as instructor for the program effective January 7, 2013.

On January 10, 2013, the now-resigned program director submitted a "Program Analysis on Our Plan of Action". (See Attachment C) This report demonstrated that several items on the program's plan of action were never implemented due to lack of

funding. The report discussed actions that had been taken, but did not analyze whether those actions were effective or ineffective.

**Recommendations:**

1. Revoke the approval of the St. Jude Healthcare Education Center Vocational Nursing Program.
2. Remove the program from the list of California Approved Vocational Nursing Programs.

**Rationale:** The Board has serious concerns relative to the performance of the program's graduates on the licensure examination. To date, the program has graduated two classes totaling 27 graduates. Eleven of the program graduates have taken the licensure examination and only three have passed the examination. Thus, only 27% of the program's graduates have passed the licensure examination.

Additionally, the program has not complied with Board directions regarding submitting reports and other information to the Board as required by section 2527(a) of the Vocational Nursing Rules and Regulations.

Finally, the program director resigned and the Board has not received an application for a new director. Reports from the prior director indicate that the school has been unable or unwilling to provide funding for improvements that were included in the program's plan of improvement.

Attachment A: History of Prior Board Actions

Attachment B: Follow-up Report Submitted by Director on January 8, 2013

Attachment C: Additional Analysis Submitted by Director on January 10, 2013

## Agenda Item #13.A.5, Attachment A

### History of Prior Board Actions

- On January 14, 2009, the Executive Officer approved St. Jude Healthcare Education Center's request to begin a vocational nursing program with an initial class of 30 students on January 19, 2009, only, with a projected graduation date of February 15, 2010, **and** approved the program curriculum for 1,728 hours, including 744 theory and 984 clinical hours.
- **On September 9, 2009, a new program director was approved.**
- **On February 9, 2010, a new program director was approved.**
- On May 3, 2010, the Board received the Program Records Survey and supporting documents and materials.
- On June 7 and 8, 2010, the assigned consultant inspected the St. Jude Healthcare Education Center, Glendale, Vocational Nursing Program to determine compliance with regulatory requirements. No violations were identified. The director was requested to submit revised admission criteria and procedures by June 25, 2010.
- On June 10, 2010, the Board received correspondence from the director and the requested revised admission criteria and procedures.
- On June 21, 2010, the Board received correspondence from the director regarding the admission of the proposed second class on August 2, 2010.
- On July 20, 2010, the Executive Officer approved initial full accreditation for the St. Jude Healthcare Education Center Vocational Nursing Program for the four (4) year period from July 20, 2010 through July 19, 2014, and directed staff to issue a certificate accordingly; **and** approved the program's request to start a class of 30 students on August 2, 2010 with a projected completion date of August 18, 2011 to **replace** students graduating on March 7, 2010; **and**, required the program to obtain Board approval prior to the admission of each class.
- On June 30, 2011, the Executive Officer issued the program a Notice of Violation related to noncompliance with regulatory requirements regarding increasing the frequency and numbers of admissions. The director was required to submit a written response related to prevention of future occurrences by July 15, 2011.
- On July 13, 2011, the Board received the program's plan to prevent reoccurrence of the violation cited on June 29, 2011.
- **On July 19, 2011, the Executive Officer deferred action on the program's noncompliance with regulatory requirements regarding program pass rates and curriculum content, for consideration by the Board at the September 9, 2011**



meeting. That decision was based on the program's history of poor student achievement, noncompliant pass rate statistics since the program's inception, and the program's lack of compliance with other critical regulatory requirements. The assigned consultant forwarded correspondence to the director advising of the Executive Officer's decisions.

- On July 27, 2011, the program was notified the program would not be on the September Board agenda.
- On December 5, 2011, the program was notified they are being placed on the February 24, 2011 Board agenda.
- On January 19, 2012, the assigned consultant forwarded correspondence requesting submission of fifteen (15) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire Board members to consider.
- On January 26, 2012, the program director submitted fifteen (15) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire the Board members to consider.
- On February 24, 2012, the Board approved the following recommendations:
  1. Approved St. Jude Healthcare Education Center Vocational Nursing Program's request to offer a part-time course of instruction **only**.
  2. Approved the program's part – time curriculum to include 1728 total hours (744 theory; 984 clinical hours), effective February 27, 2012.
  3. Approved the program's part – time instructional plan.
  4. Denied the program's request to admit 25 part – time students effective February 27, 2012.
  5. Placed St. Jude Healthcare Education Center Vocational Nursing Program on provisional accreditation for the two-year period from February 24, 2012, through February 28, 2014, and issue a notice to the program to identify specific areas of non compliance and requirements for correction as referenced in Section 2526.1 (e) of the California Code of Regulations (see Attachment G).
  6. Required the program to admit no additional students unless approved by the full Board.
  7. Required the program to bring its average annual pass rate to no more than ten (10) percentage points below the State average annual pass rate.
  8. Required the program to submit follow-up reports in 9 months, but no later than **November 1, 2012**, and 21 months, but no later than **August 1, 2013**. The reports must include a comprehensive analysis of the program, specific actions taken to improve program pass rates, timeline for implementation, and the effect



of employed interventions. The following elements must be addressed in the analysis.

- a. Admission Criteria.
  - b. Screening and Selection Criteria.
  - c. Terminal Objectives.
  - d. Curriculum Objectives.
  - e. Instructional Plan.
  - f. Theory and Clinical Objectives for Each Course.
  - g. Lesson Plans for Each Course.
  - h. Textbooks.
  - i. Attendance Policy.
  - j. Remediation Policy.
  - k. Evaluations of Theory and Clinical Faculty.
  - l. Evaluations of Theory Presentations.
  - m. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
  - n. Evaluation of Student Achievement.
  - o. Current Enrollment.
9. Required the program to comply with all accreditation standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code section 2880, and Article 5 of the Board's Regulations, commencing at California Code of Regulations, Title 16, Section 2526.
10. Placed the program on the **February 2013** Board agenda for reconsideration of provisional accreditation.
11. Failure to show consistent progress shall constitute cause for revocation of provisional accreditation.
- In December 2012, the program director was asked to submit 18 copies of any documents the program wishes for the Board members to review before the February 2012 Board Meeting.



# Agenda Item #13.A.5, Attachment B

## Follow-up Report Submitted January 8, 2013

### St. Jude Healthcare Education Center

#### A. ADMISSION CRITERIA

The applicant will make an appointment with the school. At the appointed time, the applicant will complete an admissions application, have a personal interview by the admission committee, chaired by the Director of the VN Program. The interview includes dissemination of program completion and placement rates, a tour of the facility and discussions of tuition payment plans and the applicant's professional, educational and personal goals. The prospective student will meet the following requirements:

1. 18 years old or older
2. Official High School transcript of records indicating graduation / GED score sheet (required)
3. Programs / College Transcripts (optional)
4. Pass the California Proficiency Achievement Test (CPAT) with 80% rate.
5. Must be able to communicate and understand instruction in English
6. Statement of purpose to be evaluated by a nursing faculty or admissions committee member
7. Holder of a valid California I.D.
8. Social Security Number; and is able to present a legal documents of validity of stay in the United States of America
9. Two I.D. size picture for school I.D.
10. Livescan clearance application

The applicant will also be given copy of the School Catalog, Notice of Student Rights, My Copy of the Enrollment Agreement, Refund Notification Form, Notice of Cancellation Form and the School Performance Fact Sheet. The applicant will be notified of the admission decision when the above procedures have been completed.

The Admissions Committee, chaired by the Director of the VN Program will make the final Admission decisions.

This school has not entered into an articulation or transfer agreement with any institution, college or university with regards to the transfer of credits.

#### ANALYSIS:

Most of the listed criteria will still be the same in admitting students to the VN Program. The school is proposing to have a passing rate at least 80% of the California Proficiency Achievement Test (CPAT).

The purpose of this is to ensure qualified applicant for the same program.

In addition, statement of purpose to be evaluated by the nursing faculty or admission committee member of this will help the school to select a qualified applicants in the program with strong convictions and determined career path goals.

## **B. SCREENING AND SELECTION COMMITTEE**

### **ANALYSIS:**

1. Each potential applicants will be interviewed by the Director of the VN program after meeting the general requirements of the administration. An Evaluation Tool for Interview (please see attached) will be utilized to properly screen the applicants. Interview guidelines are not limited to the following:
  - a. Application Form (contains personal information, education, background, employment history of the applicants)
  - b. Evaluation for Interview that measures the communication skills, motivation/interest and basic information of the Vocational Nursing course.
2. A passing rate of at least 80% from the CPAT (California Proficiency Achievement Test). This will help to select candidate for the program.
3. Good result of Physical Examination will be required for the qualified candidates to ensure fitness in the program. This also includes immunization listing and PPD test. Check x-ray when deemed necessary.
4. Biometrics (federal finger printing) result is mandated to all applicants. This is sponsored by the school.
5. Qualified candidate will be send to a fireclass and BLS class must be successfully obtained certification during the 1st trimester.
6. Qualified students who are previously enrolled in VN program for other school can be given credits for the subject(s) taken after the evaluation of the course descriptions/objectives and grading system set by the school.
7. Recommendation to take medical terminology class and obtain a passing rate of 80%.

## **C. TERMINAL OBJECTIVES**

The graduate of St. Jude Healthcare Education Center were able to meet the school's Terminal Objectives, which were as follows:

1. Understand the physiological, psychological sociological, developmental and spiritual capabilities of clients.
2. Provide nursing care to clients across the life span, incorporating principles from the behavioral & physical sciences.
3. Foster a therapeutic environment for clients.
4. Promote optimal wellness for client(s) using primary, secondary and telliary interventions.
5. Recognize critical thinking skills in making decisions related to client care.
6. Implement communication skills with clients and other members of the health care team.
7. Identify caring behaviors in the provision of the nursing care to clients (individual, family and community).
8. Select culturally appropriate nursing intervention.
9. Assume leadership and management roles in a variety of health care settings within the scope of the vocational nursing practice.
10. Comply with the scope of practice as outline in the Vocational Nurse Practice Act (Section

2518).

11. Identify research-based nursing practice.
12. Conform to the professional standards of the licensed vocational nurse.
13. Differentiate the role of the licensed vocational nurse in the health care team in clinical practice
14. Utilize knowledge and competencies in nursing to pass the NCLEX-VN licensure exam.

#### ANALYSIS:

The terminal competencies of our school graduates were measured based on terminal objectives. Successful graduates were evaluated if they met the objectives written above. These will enable them to confidently practice their profession safely and wholistically.

#### D. CURRICULUM OBJECTIVES

The theoretical, skills lab and clinical objectives are parallel and clearly stated and written as basis for our curriculum objectives. The relationships of the objectives helps the students achieve the goals of our curriculum. Furthermore, their progress in the academics were continuously measured from these objectives.

The limited opportunities to perform some nursing skills and policies of different facilities are beyond our control.

#### Plan of Action:

Periodic review of the curriculum objectives, theoretical, skills lab, clinical and terminal objectives are necessary to determine the progress of each students. The school is flexible and adaptive to whatever challenges and changes in the nursing practice which will have impact on the nursing education.

#### E. INSTRUCTIONAL PLAN

The approved instructional plan were the basis of running the program. Each subjects together with the objectives, content, methodologies, resources and evaluation methods were followed through out the program. Instructors were fully guided with the flow of the program since they were provided with copies prior to the beginning of the class, copies of course syllabus were distributed to the students.

We made sure that the theoretical objectives were clearly discussed with the students and served as our parameters for evaluation. The contents likewise, were followed as to its organization and highlighted the important concepts that the students needed to focus. Methodologies for instructors mostly were: teacher-led instructions, group discussions and use of multi-media presentations. Additional classrooms activities like case presentations; brainstorming activities in the form of games were used.

Methods of evaluations were done with the use of pre-post test. An objective NCLEX-type simulated questions were given to the students. Performance check list for each nursing procedure were being done after each simulated activities and also evaluated in different clinical areas.

Advance assignment were given to student at least one week prior to the discussion of new concepts.

Constraints noted for the limited number of hours allotted for the skills lab. Some of the basic nursing skills needed more hours to make sure that competencies are being met.

An additional faculty for skill lab maybe needed for some basic nursing procedures, to make sure that all students were able to be evaluated as they performed.

The school is planning to add some equipments in the skills laboratory including additional models

and other illustrations for simulated activities.

## APPENDIX A

The following are examples of activities that can be used to illustrate the concepts of the course. These activities are designed to be used as a guide for the development of your own activities.

The first activity is a role-play exercise. In this activity, the students are divided into groups and each group is assigned a different role. The groups are then given a scenario and they must act out the scenario.

The second activity is a case study. In this activity, the students are given a case study and they must analyze the case study and write a report on their findings.

The third activity is a group project. In this activity, the students are divided into groups and each group is assigned a different project. The groups are then given a deadline and they must complete the project by the deadline.

The fourth activity is a presentation. In this activity, the students are given a topic and they must prepare a presentation on the topic. The presentations are then given to the class and the students must give feedback on the presentations.

The fifth activity is a debate. In this activity, the students are given a topic and they must prepare a debate on the topic. The debates are then given to the class and the students must give feedback on the debates.

The sixth activity is a simulation. In this activity, the students are given a scenario and they must act out the scenario. The simulation is designed to be used as a guide for the development of your own simulation.

The seventh activity is a role-play exercise. In this activity, the students are divided into groups and each group is assigned a different role. The groups are then given a scenario and they must act out the scenario.

The eighth activity is a case study. In this activity, the students are given a case study and they must analyze the case study and write a report on their findings.

## **F. THEORY & CLINICAL OBJECTIVES FOR EACH COURSE**

The theoretical objectives and clinical objectives for each courses were parallel to each other. Each concept with listed objectives prior to the start of the formal lectures were discussed with the class. In the clinical objectives as well as the skills laboratory, the congruency of the theoretical objectives were reflected for both clinical and skills laboratory. What the students have learned from the theories were applied for simulated activities and the instructors evaluated them for their readiness in clinical areas.

Limitations such as opportunities to perform different procedures, facilities policies/procedures; availability of related cases were noted during the course of the program in the clinical experiences.

Future Plans:

Look for additional facilities for the student's clinical rotations and have it approved by the Board.

Visit some of the nursing schools with a complete simulated skill laboratory.

Coordinate with government health agencies of some possible facilities that they can recommend for our clinical exposure.

## **G. LESSON PLAN FOR EACH COURSE**

### **ANALYSIS**

Each concept/subject in the program were based on the approved Instructional Plan. The lesson plan for each course were patterned on it. This includes the following:

- a. The teaching forms/course objectives
- b. Other materials and references
- c. Important key terms for each concept
- d. The contents
- e. Pre-test/post-test Questionnaires
- f. Case scenario for Critical Thinking Exercises

The above listed parts for each lesson plan were used throughout the program. The case scenarios had a great impact on the retention of knowledge of the concepts. This stimulated their critical thinking.

A bullet point presentations are more effective than giving a detailed comprehensive informations regarding subject matter. A followed-up brain storming activities such as case scenarios challenges the student's critical thinking ability.

Although there were concepts in which pre-test were not given; instructors found it helpful to assess the learning needs of the students. Post tests were given after each concepts. This measures their knowledge base on competency thru an objective type and/or a skills test.

A simulated activities helped the students and instructors to achieve the curriculum objectives. Hands on and practices in the skills laboratory and clinical area supplied students knowledge of each client condition.

Other reference materials such as internet search, journals and other text books were accessible to the students with our library. Additional books and other resources such as computers are part of the future plans in regarding learning resources.

Listed key terms and their definitions/descriptions enabled students to understand information about the



concepts. This widens their medical vocabulary as they progress with the course.

The use of different models like the mannequins, anatomical models such as heart, skeletal systems; brains, human body internal organs provided additional information for the concepts to be discussed. Pregnant/infant models enabled students to practiced concepts on labor/delivery and maternal/newborn care this simulated activities prepare them for the OB/Pediatric experiences.

Equipments during skills laboratoy were utilized in performing different nursing procedures this enabled students to practice prior to the clinical exposure. Clinical instructors for each group closely attend to their simulated practice and evaluated students as they performed.

A role-playing activity and group assigned presentations provided good learning opportunities understanding the concepts being discussed.

## H. TEXT BOOKS

The following are the resource materials used for each specific subjects:

Subject	Book Title/AuthorNear	Remarks
TERM I		
1. Psychology		
2. Anatomy & Physiology	Fundamentals of Nursing Christensen & Kockrow 6th edition, 2010	Chapter 41 – Intra to Anatomy & Physiology (Review of System) Hand-outs provided for A/P
3. Nutrition	Fundamentals ofNursing Christensen & Kockrow 6th edition, 2010	Chapter 22-Basic Nutrition & Nutrition Therapy Hand-outs provided
4. Nursing Process & Critical Thinking	Fundamentals ofNursing Christensen & Kockrow 6th edition, 2010	Basic Nursing Concepts Chapter 1 – 10
5. Fundamentals ofNursing		Basic Nursing Skills Chapter 11-20
6. Communication		BasicNursing Interventions Chapter 21-24 Hand-outs provided
7. Gerontology		Gerontologic Nursing Chapter 33 Hand-outs provided
8. Rehabilitation Nursing	Fundamentals ofNursing Christensen & Kockrow 6th edition, 2010	Community Health Nursing Chapter 37-40 Hand-outs provided
9. Culturally Congruent Care		
10. End ofLife		
Term II		
1. Pharmacology	Basic Pharmacology for Nurses 14th edition Clayton, Stock & Harroun, 2010	Chapter 1-50 Hand-outs provided
2. Medical/Surgical Nursing	Fundamentals ofNursing Christensen & Kockrow 6th edition, 2010	Adult Health Nursing Chapter 42-52 Hand-outs provided
TERM III		
1. Medical/Surgical Nursing	Fundamentals ofNursing Christensen & Kockrow 6th edition, 2010	Adulth Health Nursing Chapter 53-57 Psychiatric Mental Health Nursing Chapter 34-36 Hand-outs provided
2. Communicable Disease		

<b>TERM IV</b> <b>1. Maternity</b> <b>Christensen &amp; Kockrow</b> <b>6th edition, 2010</b>	<b>Fundamentals of Nursing</b>	<b>Maternal &amp; Neonatal Nursing</b> <b>Chapter 25-28</b> <b>Hand-outs provided</b>
<b>2. Pediatric</b> <b>Christensen &amp; Kockrow</b> <b>6th edition, 2010</b>	<b>Fundamentals of Nursing</b>	<b>Pediatric Nursing</b> <b>Chapter 29-32</b> <b>Hand-outs provided</b>
<b>3. Growth &amp; Development</b> <b>Christensen &amp; Kockrow</b> <b>6th edition, 2010</b>	<b>Fundamentals of Nursing</b>	<b>Life Span Development</b> <b>Chapter 9</b>
<b>4. Leadership &amp; Supervision</b> <b>Christensen &amp; Kockrow</b> <b>6th edition, 2010</b>	<b>Fundamentals of Nursing</b>	<b>From Graduate to Professional</b> <b>Chapter 58</b>

**Proposed Additional Textbook for future use:**

1. Introduction to Psychology by Hilgards & Atkinson  
14th edition 2010
2. Basic Pharmacology for Nurses  
14th edition Clayton, Stock & Harroun, 2010

## 1. ATTENDANCE POLICY

### Theory Absences for Levels I-IV Class Attendance Policy

Class attendance is strictly implemented. Students are expected to meet the required number of hours per courses. Attendance will be taken at each class session. Students are expected to apply theory to practice.

Theory absences will be monitored and enforced according to the following procedures for Levels I-IV.

1. The student who misses one (1) theory day in a twelve-week level will be counseled by the theory instructor.
2. The second absence within a twelve-week level will result in the student being placed on probation and having the situation reviewed by the faculty.
3. The third absence within a twelve-week level may result in termination from the program.
4. If the student has been absent during a scheduled test, unless the absence is fully documented and approved by the theory instructor, the student must take the missed test by arrangement with the instructor and will receive a score not to exceed 80% regardless of the score actually obtained.
5. Any level I student absent during the first 3 weeks of the program will not be allowed to continue the program. They may apply for consideration of readmission.
6. The student must make up the theory time by:
  - a. Attending supervised make-up time on campus within one week of the absence.
  - b. Writing out the theory objectives for the day missed, completing any assignments as determined by the theory instructor, and turning them into the theory instructor within one week of the absence.
  - c. The accumulated number of absences remains in effect within the 12-week level even after the make-up hours have been completed.

### Clinical Absences for Levels I-IV Clinical Absences

1. Attendance at all clinical practicum is mandatory.
2. Reporting for clinical practicum on time (or earlier) is a professional requirement.
3. If the student will be absent or late for clinical practicum, he/she must notify the clinical instructor at least one hour prior to the expected beginning time.
4. An excused absence requires a written verification of the illness which should be given to the instructor before the next practicum day. Absence without notification or written verification constitute an unexcused absence and will result in probation for non-compliance with the policy.
5. An alternative learning experience to fulfill the learning objectives may be assigned to students who are absent from any part of the clinical practicum.
6. If an unexpected emergency occurs, the student(or designee) should notify the school and the clinical instructor as soon as possible.

Clinical absences will be monitored and enforced according to the following procedures:

1. The student who misses one (1) clinical day in a twelve-week level will be verbally counseled by the clinical instructor.
2. The second absence within a twelve-week level will result in the student being placed on probation and having the situation reviewed by the Disciplinary Committee.
3. The third absence within a fifteen-week level may result in termination from the program.
4. All clinical days, along with completion of any assignments as determined by the clinical instructor, must be made up prior to advancement to the next level. For level 4, all clinical days, along with completion of any assignments, as determined by the clinical instructor, must be made up prior to graduation from the program.
5. If the student has been absent during a scheduled test, unless the absence is fully documented and approved by the instructor, the student must take the missed test by arrangement with the instructor with one week and will receive a score not to exceed 80% regardless of the score actually obtained.

#### TARDINESS POLICY Theory

1. A student with two-consecutive tardiness will be counseled by the theory instructor.
2. A third tardiness will result in the student being placed on probation for 30 days and having the situation reviewed by the Program Director.
3. A student is to make up tardy time after the third tardiness.
  - a. As determined by the theory instructor or the disciplinary committee, by attending supervised make-up time on campus within one week of the tardiness.
  - b. By completing any assignments as determined by the theory instructor and turning them in to the theory instructor within one week of the tardiness.

#### Clinical

1. Each clinical site starts at a different time. The time is set by the clinical instructor or clinical facility on orientation day. A student is considered tardy with a 15 minute or less grace period also set by the instructor or facility on orientation day. Arriving in the clinical area later than the set grace period will be considered a tardy.
2. The student who is tardy for the second time to a clinical rotation will be counseled by the clinical instructor.
3. The third tardy will result in the student being placed on probation for 30 days, and having the situation reviewed by the disciplinary committee.
4. The student is to make up tardy time as follows:
  - a. As determined by the clinical instructor or the disciplinary committee, by attending supervised make-up time in school premises.
  - b. By completing any assignments as determined by the clinical instructor and turning them in to the clinical instructor within one week of the tardiness.

#### ANALYSIS:

Attendance policy/tardiness policy were not fully implemented considering personal reasons such as job schedule; family matters and financial reasons and related health illness and infant delivery during the course of the program.

Proper counseling were done and special projects/assignments were given to those students to make-up for their academic losses.

## J. REMEDIATION POLICY

Remediation is required when a student fails to achieve a passing grade in any individual course of study. Students needing remediation must do so within the specified time. Clinical hours should be made up according to the same schedule. Instructors will select the method of remediation according to individual student's needs and focusing on clinical and or theory objectives.

A student will be allowed to participate in a written evaluation (test) to demonstrate successful meeting of remediated subject objectives.

If a student successfully demonstrates that he or she has met the course objectives by successfully passing the remediation examination (achieving a grade of 80% or above) the student's permanent record would reflect a passing score of no more than 80%.

If the student fails the remediation examination, (achieving a grade lower than 80%), the student will then receive whichever is the higher of the two grades (original failed grade or the remediation examination grade). Both the original and remediation grades would be reflected on student's transcript of records.

During Terms I to IV, the student is allowed two (2) total remediation or one (1) failed remediation for each term. If the student remediates for the second time, he or she will be placed on probation. While on probation, any additional failing grade in a course will prompt the student's immediate termination from the Term and the student is required to repeat the Term. If the student incurs one failed remediation, he/she will be placed on probation, any additional failing grade in a course will prompt the student's immediate termination from the Term and the student is required to repeat the Term.

If after remediation, the student fails the course Fundamental of Nursing in Term I, he or she has to repeat the course on the basis of space availability and pay the prevailing tuition rate per hour. Moreover, the student will not be allowed to progress to Term II since this is a pre-requisite for all succeeding nursing courses.

Satisfactory academic progress standards must be maintained to ensure completion of the program within the maximum time frame allowed (one and half times the program-scheduled hours).

### ANALYSIS:

Remediation policy were strictly implemented. Three students who have poor academic performances were place on probation status. Those who were in probation status consistently and showed no academic improvement were removed from the program.

## K. EVALUATION OF THEORY AND CLINICAL FACULTY

Evaluation of each faculty (Theory/Skills Lab/Clinical) were periodically done prior to the ending of each trimester. Generally, the overall evaluations of faculty handling the lectures were between Very Good- Excellent. Students like the use of multi-media presentations of the lecture with virtual examples in relation to the topics being discussed. They preferred to have written hand-outs to study prior to the actual day of discussions for each topics. This enabled them to study in advance and prepare for the anticipated pre-test for the subject matter.

Instructors included teaching methodology such as game activity related to the topic. This brainstorming activity interests them to fully understand the topic. Instructors found this learning activities to be a good means of getting their attention. Another teaching method done was the case presentations. Students by group prepared to present the case they encountered in the clinical area.

Faculty who did these activities got a high evaluation for the students. They even recommended it to all instructors as good learning opportunities.

The clinical faculty members were evaluated after the end of each students rotation. Good comments regarding their style of teaching, clinical supervision and professionalism were noted.

Clinical instructors were being rated high in the evaluation by student by students because of the related experiences and knowledge of each cases they encountered in the facility.

Their coordination with the facility's staff members were observed. Good supervision of each students provided them the opportunity to develop self-confidence in the safe practice of nursing.



## **L. EVALUATIONS OF THEORY PRESENTATIONS**

Different methods were used in the theory presentation for each concept. These varieties of learning/teaching enhanced the student better understanding the concepts in a full context.

Majority of the theory presentations were done with the use of multi-media. Powerpoint presentations creatively done, to catch students attention of the subject matter. This was very helpful for them especially understanding the progression of the diseases in pathophysiology and how the medicine works' in the body. A very good powerpoint presentations and animations were highly appreciated on these topics. -

Colorful illustrations were also helpful presenting the subject matter. This was mostly done during the Anatomy & Physiology lecture days.

CD's and DVD's learning materials were also used especially on the lectures for the nursing procedures. A step-by-step process of doing those skills were followed. This was supplemented by the simulated activities in the skills laboratory.

Gaming activity was another way of presenting the lectures. This enabled the student to brainstorm the topics being discussed. Students found it an enjoying/learning activity that caught their full attention and made them think.

With all these theory presentations, Instructors got a high evaluation from the students. A traditional chalk and board method was improved with a more varied methods of teaching.

## **M. EVALUATION OF CLINICAL ROTATIONS AND THEIR CORRELATION TO THEORY PRESENTATIONS**

Students were rotated in the following facilities:

1. Gladstone
2. Totally Kids
3. School of Little Scholars
4. Montclair

Generally, students were able to gain related experiences in dealing with patients/families in the clinical areas. Under the supervision of clinical instructors; they were able to apply theoretical knowledge to the clinical area. Simulated activities provided great opportunities to practice in the skills laboratory. After an evaluation of the return demonstration to each specific nursing procedures; their readiness/competencies were assessed and closely observed by the respective instructors.

Although there are some instances that skills lab/lecture were affected by holidays, the instructors provided hand-outs for advance reading of the subject matter. The school made sure that the students received lecture first and practice in skills lab prior to clinical exposure.

The schedule of clinical rotation were being followed as it was planned. An event, where one of the facility was on the process of inspection and not allowing students for that day. Student, were asked to be on the skills lab and reinforced knowledge and skills needed. Supplemental lectures and simulated activities were done.

Per students evaluation; the facilities they have been exposed to was very helpful of their learning needs. Handling different cases pertinent to the concepts enabled them to apply the knowledge into actual practice of delivering nursing care.

Pre and post conferences helped the students and clinical instructors to assessed the learning needs which provide them the opportunities to discuss their clinical objectives and clinical activities. The post conferences helped the students understand the cases they had encountered and shared with the group. Supplemental information were given by the instructors respectively to each group during post conferences.

The problems most students encountered were: 1) some of the staff in the facility were too busy entertaining their queries in relation to patient care. 2) most facilities like Totally Kids/Gladstone does not have a specific place for the conferences. Student/Instructors used only vacant office or break areas in the facility. 3) Limited opportunities to actual handling deliveries and newborn care were noted. Supplemental skill lab simulation were done. 4) other nursing procedures to be performed were limited per facility policy. Again, supplemental teachings were done.

## **Agenda Item #13.A.5, Attachment C**

### **ST. JUDE HEALTHCARE EDUCATION CENTER**

#### **PROGRAM ANALYSIS ON OUR PLAN OF ACTION:**

#### **ON PERIODIC REVIEW OF THE ENTIRE CURRICULUM:**

Review of the curriculum was made right before the school submitted the Annual Report to the board. No changes had been made.

#### **ON PLAN FOR ITEM ANALYSIS AND TEST CONSTRUCTIONS:**

Each test given to measure student's level of knowledge were measured according to the objective NCLEX-simulated questions. These were pre-screened by the director to make sure that there were correlations among the objectives of the course and the test constructions. The obtained scores of the students per test item were analyzed and enabled us to determine the weakness and strength points of the concepts. Statistically, students who were unable to answer correctly the test per item were given a supplemental handouts and review of the subject matter. A feedback of the test results were done after each test and found to be helpful as part of our brainstorming activities.

#### **ON PLAN FOR FACULTY TO ATTEND A WORKSHOP ON TEST CONSTRUCTION AND ITEM ANALYSIS:**

This proposal did not happen due to financial constraints and availability of the faculty members. But will still be a part of the future plans from the new administration.

#### **ON PERIODIC COUNSELING OF STUDENTS IN RELATION TO THEIR ACADEMIC PERFORMANCES AND BEHAVIOR:**

Before the end of each term, all students were evaluated as to their academic performances and their school behavior. Their academic standing were discussed to them. They received counseling before progression to the next term. Those students with poor performances were placed on probationary status and remediation was made per school policy. Students who showed no improvements at all were removed from the program.

#### **ON ACHIEVEMENT TESTS AFTER EACH TERM:**

After each term, students were given an achievement test to measure their level of competencies. On the first term, they were given an evaluation test. This focused on the nursing subjects like Fundamentals of Nursing, Anatomy and Physiology and nutrition. All students made a passing rate for the first term.

On the second term, the achievement test was made through an oral revalida. This was done to make sure that the students obtained knowledge and skills about Pharmacology and Medical-surgical nursing part I. Students were given the list of topics to study about. Different disease conditions were written in a paper and thru lottery, students picked their condition to discuss. The panelists were composed of the director of nursing, assist director and faculty member. They were given 15 minutes to discuss the topic. Students were evaluated by the panelists with the use of our oral revalida evaluation tool. Students who passed the oral exam were progress to the next term. Most of the students passed, however, those the same students under probationary status due to poor academic performances were counseled and evaluated and were removed from the program.

On term III, students were given a written form of achievement test. This focused on Medical surgical nursing part 2 and communicable diseases. Students were evaluated and progress to the next term after passing a rate of atleast 80%.

On term IV, students were given also written form of achievement tests focusing on OB and peds, leadership and supervision. All students passed the tests.

#### **ON STRENGTHENING THE POLICY OF TAKING PRE-BOARD EXAM AFTER THE IN HOUSE REVIEW.**

Students were obliged to take the pre-board exam after the in house review. They were given 300 item NCLEX- simulated test questions and should passed atleast 80%. Those students who failed in the test were given another chance to re-take the exam. Students were counseled about their readiness to take the board exam. Some students were enrolled in the EXCEL REVIEW CENTER in Burbank, California for supplemental review.

#### **ON THE PLAN FOR WORKSHOP SEMINAR FOR NEW FACULTY MEMBERS:**

There were no new faculty members hired during those times. No seminars or workshop done due to financial constraints and availability of the faculty members.

#### **ON POSSIBLE ADOPTION OF ATI OR HESI SYSTEM:**

It has been proposed to the administration regarding the adoption of the ATI or HESI since the last meeting from the board. But no definite plans were made to materialized the proposal due to financial constraints.